Learning Activity Site Questionnaire
Please Print

Name of Learning Activity Site (LAS): __________________________________________________________

Street Address: ___________________________________________ Zip Code: _______________________

Mailing Address: __________________________________________________________

General Phone #: (____)_________________________ Website: http://____________________________

Point of Contact: ______________________________ Title: __________________________ Email: __________

Date: Month _____ Day ______ Year____

Overview & Logistics:

1. LAS Business: Provide a brief description of type of facility and business.
   ___________________________________________________________________________________
   ___________________________________________________________________________________

   Provide a brief internship job description (this can also be attached).
   ___________________________________________________________________________________
   ___________________________________________________________________________________

2. Logistics:
   a. Intern Supervisor and Title: __________________________________________________________
   b. Phone: (____)_________________________ Email: ________________________________
   c. Will LAS send business interns to serve at sites other than at the primary address? Yes No
      If yes, please attach addresses or descriptions of areas students will serve. Attached Yes No
   d. Accessibility for disabled: Yes No

Training & Policy:

1. Training and Orientation: Do you have a plan for training/orientation that includes:
   ___________________________________________________________________________________
   Yes No Safety Policies/Procedures/Injury & Illness Prevention Plan
   ___________________________________________________________________________________
   Yes No Confidentiality
   ___________________________________________________________________________________
   Yes No Site and Clientele Overview Yes No Sexual Harassment
   ___________________________________________________________________________________
   Yes No Emergencies
   ___________________________________________________________________________________
   Yes No Site Tour
a. What kind of orientation should SDSU give to students before sending them to this placement (attach or explain)?

b. Is there any specific training that the LAS will provide? □ Yes □ No

2. Student Expectations:
a. Will student(s) be asked to bring any materials? □ Yes, Explain: □ No

Appropriate attire: ____________________________________________________________

b. Will students be asked to buy anything? □ Yes □ No If yes, will they be reimbursed? □ Yes □ No

c. Evaluations:
   Evaluation of LAS experience with SDSU to be completed by (please print)?

   NAME

   TITLE

   Evaluation of student performance to be completed by (please print)?

   NAME

   TITLE

d. Language required: ______________________________ Language preferred: ______________________________

Site Information:
a. Will students ever work unsupervised with clients? □ Yes □ No
   If yes, site will need to assume all risk and attach proof of coverage to this questionnaire for approval by SDSU.

b. Will the LAS maintain student’s emergency contact information? □ Yes □ No
   If yes, site will need to assume all risk and attach proof of coverage to this questionnaire for approval by SDSU.

   NOTE: SERVICE LEARNERS ARE NOT TO USE PERSONAL VEHICLES TO PROVIDE SERVICES FOR THE LAS.

c. Will students drive vehicles or operate machinery? □ Yes □ No
   If yes, site will need to assume all risk and attach proof of coverage to this questionnaire for approval by SDSU.

d. Please list any specific health and safety risks associated with the student’s work assignment

   ______________________________

   ______________________________

e. Has there been any history of violence, environmental hazards or other health and safety risks on the site? □ Yes □ No
   If yes: Explain: ____________________________________________________________

g. Any other specific comments? ____________________________________________________________

LAS Supervisor/Point of Contact:
I have completed this form and the information in this site checklist is accurate.

______________________________    ______________________________    __________________
Name (please print)    Signature    Date

______________________________
Title

SDSU Review:
I have reviewed the information provided and approved this Learning Site.

______________________________    ______________________________    __________________
Name (please print)    Signature    Date

David P. Ely
Interim Associate Dean for Academic Affairs